

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097762693		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17	1						67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		10					77				
28		10					78				
29		10					79				
30		10					80				
31		10					81				
32		①					82				
33		①					83				
34		①					84				
35		①					85				
36		1					86				
37		10					87				
38		10					88				
39		10					89				
40		①					90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	110						TOTAL DEP.				
TOTAL CLAIMS	112						TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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